

City of Las Vegas

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

Please return to: City of Las Vegas, Attn: Finance Dept, 400 Stewart Ave.,
Las Vegas NV, 89101 or you can fax it to 702-598-0645.

Type of Authorization: _____ New _____
Change

Name on Account: _____

Phone #: _____

Fax #: _____

E-Mail Address for Remittance Information:

Financial Institution Name: _____

Address: _____

City/State/Zip: _____

Routing #: _____ Bank Account #: _____

Type of Account: Checking _____ Savings _____

EFT Authorization Agreement:

I hereby authorize the City of Las Vegas, hereinafter referred to as Company, to initiate direct deposit of payment of invoices to my account and to initiate, if necessary, adjustments of any deposits made in error to my account. This authority is to remain in full force and effect until the Company has received written notification from you, the vendor, in such time and in such manner as to afford Company and the designated bank a reasonable opportunity to act.

Print Name

Title

Signature

Date

Note: It requires 10 working days to validate your information through the banking system.

Please Attach a Voided check for account number verification